PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10719785

CLAIMS AS FILED - PART I							SMALL ENTITY				OTHER THAN	
TOTAL CLAUMS			(Column 1) (C		(Colu	umn 2)		TYPE		OR	R SMALL ENTITY	
TOTAL CLAIMS			//			-		RATE	FEE		RATE	FEE
FOR			NUMBER FILED .		NUMB	ER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			// minus 20= *					X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			/ minus 3 =					X43=		OR	X86=	
MU	JLTIPLE DEPEN	NDENT CLAIM P	RESENT					+145=		OR	+290=	
* if	the difference	e in column 1 is	less than zero, enter "0" in column 2				L	TOTAL		OR	TOTAL	
	C					OTHER	THAN					
		(Column 1)	(Column 2)			(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	ER ISLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	ſ	X43=		OR	X86=	
	FIRST PRESE	NTATION OF MI	JLIIPLE DEI	PENDENT	LAIM		Ī	+145=		OR	+290=	
					,	•	<u></u>	TOTAL		OR	TOTAL	
		(Column 1)		(Calumr	· 0\	(Column 2)	A	DDIT. FEE		J • · · ·	ADDIT. FEE	
		(Column 1) CLAIMS		(Column HIGHES		(Column 3)		- *-	ADDI			ADDI
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	T	X43=		OR	X86=	
, .	FIRST PRESE	NTATION OF MU	ILTIPLE DEF	PENDENT C	LAIM			+145=		OR	+290=	
								TOTAL			TOTAL ADDIT, FEE	
		(Column 1)		(Column	2)	(Column 3)	AL	ODIT. FEE		,	ADDII. FEE	
	`	CLAIMS		HIGHES	T				ADDI-	ſ		ADDI-
AMENDMENT C	•	REMAINING AFTER AMENDMENT	. •	NUMBE PREVIOUS PAID FO	SLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	##		= .		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=			X86=	
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	7.55-	
* If th entry in column 1 is less than the entry in column 2, write "0" in column 3.								+145=		OR	+290=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR ,	TOTAL DDIT. FEE	
		ber Previously Paid					ound	in the ann	ropriat box	in coli	ımn 1	